

**STATE OF MICHIGAN**  
**DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**OFFICE OF FINANCIAL AND INSURANCE REGULATION**  
**Before the Commissioner of Financial and Insurance Regulation**

**In the matter of**

**XXXXXX**

**Petitioner**

**v**

**File No. 123282-001**

**Blue Cross Blue Shield of Michigan**  
**Respondent**

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**Issued and entered**  
**this \_\_6th\_\_ day of January 2012**  
**by R. Kevin Clinton**  
**Commissioner**

**ORDER**

**I. PROCEDURAL BACKGROUND**

On September 9, 2011, XXXXX (Petitioner) filed a request for external review with the Commissioner of Financial and Insurance Regulation under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Commissioner reviewed the material submitted and accepted the request on September 16, 2011.

The Commissioner immediately notified Blue Cross Blue Shield of Michigan (BCBSM) of the external review and requested the information it used in making its adverse determination.

The Commissioner assigned the case to an independent review organization (IRO) because it involved medical issues. The IRO provided its analysis and recommendations to the Commissioner on October 3, 2011.

**II. FACTUAL BACKGROUND**

The Petitioner is enrolled for health care through the *Community Blue Group Benefits Certificate*. In May 2011, the Petitioner was admitted to XXXXX Medical Center in XXXXX for diagnosis and treatment of cardiac arrhythmia. Patient underwent a stress electrocardiogram, a cardiac MRI, and an electrophysiology study and ablation. His doctor then prescribed mobile cardiac outpatient telemetry (MCOT) services for four weeks to monitor his cardiovascular functions. MCOT includes two elements: a device worn by a patient which transmits signals to

a monitoring station where the cardiovascular functions are read and evaluated. Both the device and monitoring services are provided by an XXXXX company, XXXXX, Inc. The charge for the MCOT services is \$4,500.00.

The Petitioner appealed the denial of coverage through BCBSM's internal grievance process. BCBSM held a managerial-level conference on July 29, 2011, and issued a final adverse determination dated August 3, 2011, upholding its position.

### **III. ISSUE**

Did BCBSM properly deny coverage for the cardiac event monitor as investigational?

### **IV. ANALYSIS**

#### **BCBSM's Argument**

In its final adverse determination, BCBSM explained its denial of coverage for the MCOT cardiac event monitor:

. . . After consideration of the medical literature and the input of providers, a medical status is determined; this includes the designation of new technologies as investigational or established.

An investigational status means that the safety and effectiveness of a particular technology has not been definitively determined. An established technology means that the safety and effectiveness have been definitively determined. Investigational medical policies are regularly reviewed to guarantee that the investigational status continues to be supported by the evidence.

#### **Petitioner's Argument**

In his request for external review of August 27, 2011, Petitioner states:

[I] have been denied payment of home event cardiac monitor which was prescribed by, and issued by Cardiologist/BRMC. The type of monitor prescribed was for daily updates of home events. The type of monitor used is, (per physician at University of Michigan), used regularly for day to day monitoring. . . .

In an undated letter to the BCBSM appeals unit, Petitioner also noted:

. While admitted to BRMC I underwent a series of cardiac tests and procedures including cardiac stress testing, Electrophysiology study and subsequent cardiac ablation. Upon my release from the hospital I was prescribed and sent home with a four week (30 day) cardiac event monitor.

\* \* \*

I am appealing this denial of payment due to the fact that the event monitor was ordered by my cardiologist, and provided to me at the time of discharge by XXXXX Medical Center. The explanation considers this [an] ‘investigational standard’, while cardiac event monitoring is a common service and resulted in diagnosing a potentially fatal cardiac arrhythmia following my release from the hospital. . . .

### Commissioner’s Review

The Petitioner’s certificate, on page 6.3, provides:

We do not pay for experimental treatment (including experimental drugs or devices) or services related to experimental treatment, except as explained under “Services That Are Payable” below. In addition, we do not pay for administrative costs related to experimental treatment or for research management.

The question of whether the MCOT was investigational for the treatment of Petitioner’s condition was presented to an independent review organization (IRO) for analysis as required by Section 11(6) of the Patient’s Right to Independent Review Act, MCL 550.1911(6). The IRO reviewer is a physician in active practice certified by the American Board of Internal Medicine. The reviewer is published in peer reviewed medical publications and is a member of the American College of Cardiology, the American Society of Nuclear Cardiology, and the American Society of Echocardiography. The reviewer provided the following analysis and conclusion:

The standard of care is to perform an electrophysiology (EP) study and ablation as indicated along with pharmacological therapy as this type of arrhythmia carries a good prognosis. Monitoring for arrhythmia is indicated during the diagnostic as well as the treatment period (which can be quite variable) in order to diagnose and monitor the efficacy and adequacy of the treatment that was selected, respectively.

There are no data as of yet to assess the utility of mobile cardiac outpatient telemetry (MCOT) in the patient group being addressed here. In light of this, and the availability of other devices such as patient activated event monitors, mobile cardiovascular telemetry surveillance must be considered experimental in this enrollee’s case.

\* \* \*

It is the recommendation of this reviewer that the denial of coverage issued by Blue Cross Blue Shield of Michigan, for the Mobile Cardiovascular Telemetry Surveillance, be upheld.

The Commissioner is not required in all instances to accept the IRO’s recommendation. However, the IRO recommendation is afforded deference by the Commissioner. In a decision to uphold or reverse an adverse determination, the Commissioner must cite “the principal reason or reasons why the Commissioner did not follow the assigned independent review organization’s

recommendation.” MCL 550.1911(16) (b). The IRO reviewer’s analysis is based on expertise and professional judgment and the Commissioner can discern no reason why the recommendation should be rejected in the present case.

The Commissioner finds that BCBSM’s denial of coverage for the mobile cardiac outpatient telemetry (MCOT) services is consistent with the terms of the certificate of coverage.

#### **V. ORDER**

Respondent Blue Cross Blue Shield of Michigan’s August 3, 2011, final adverse determination is upheld. BCBSM is not required to provide coverage for the mobile cardiac outpatient telemetry (MCOT) services.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than 60 days from the date of this Order in the circuit court for the county where the covered person resides or the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.

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R. Kevin Clinton  
Commissioner